



## Donnington Wood Infant School & Nursery Registration Form

Previous School / Nursery (if applicable)	
Name of previous school / nursery / childcare	Name: Address:  Contact no:
Please let us know if your child has received extra support in their school / nursery or if your child is particularly gifted or talented	

Photo Consent		
I/we give permission for photographs to be taken of my/our child –		
Name to be used on the school website, printed publications and media (Could be viewed by external parties and potentially worldwide)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signed:     Date:
Image to be used on school website and/or media	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Image to be used within school, e.g. on school books, wall displays, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Image to be used in printed school publications, e.g. school prospectus, newsletters, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Image to be taken and used for miscellaneous circulation, e.g. images taken at school events.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Image to be displayed in non-public positions (staff room, school office, etc.) if child has a medical condition/allergy that a member of staff needs to be aware of.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
When taking photographs / video of my child at nursery / school, where these contain other children who attend the nursery / school I promise that these are for my personal use and agree not to publish these on the internet and social websites (eg Facebook).		

Walking activities around school	
I give consent to my child taking part in normal school / nursery activities organised to take place within the school premises and within the immediate locality of the school including walking to Donnington Wood CE Junior School. I am aware that I will be notified of any off-site activities and these will be carried out in accordance with the school's Educational Visits Policy.	Signed   Date

Internet use	
I/we agree to my/our child having access to the Intranet and Internet via the Telford & Wrekin Network. This is a monitored system giving the children the opportunity to have safe access to the Internet as a learning tool. We also access with other schools, video conferencing & protected e-mail. We as a school along with Telford & Wrekin Council do all we can to ensure children have safe Internet access to appropriate material but parents and carers must decide if they would like their children to be included on the system. School will respect the wishes of parents and carers in deciding whether or not to allow access. Before being allowed to use the Internet, all children must have parental permission.	Signed   Date

Last name		Date of birth	
First name		Nursery only	Birth certificate seen y/n
Known as		Gender	male / female
Admission date		Year Group	

Parents / guardians			
Names			
Address of parent / guardian			
Contact	Home – Mobile – Work – Email – I am happy to receive text messages / emails from school   yes/no	Home – Mobile – Work – Email – I am happy to receive text messages / emails from school   yes/no	
Date of Birth*			
National Insurance No.*			
Relationship to child	Do you have parental responsibility yes / no	Do you have parental responsibility yes / no	
Is the child Privately fostered?	Yes/No	Is the child subject to a Special Guardianship Order?	Yes/No
Please indicate if there are any custody issues that we need to be aware of. Please supply a copy of the legal documents pertaining to these arrangements eg does your child only live with one parent? Are you the child's legal guardian? Are there any legal access arrangements that we need to be aware of?			

Emergency contact details (in order of priority)			
Name	Relationship to child	Contact number(s)	Authorised to collect child yes / no
			yes / no
			yes / no
Password – please provide a password to use if your child is collected by someone different			

\* **Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26<sup>th</sup> May 2018)** Telford & Wrekin Council are collecting Personal Identifiable Information to enable us to provide you with a funded early education and childcare place. We need to collect this information in order to check your eligibility for a funded place. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1)b). Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools, and Early Years providers) solely for the purpose of providing you with a funded education or childcare place. For further details on the council's privacy arrangements please view the privacy page on the council's [website page](#).

Ethnicity – please tick one box							
British (WBRI)		White & Black Caribbean (MWBC)		Other Pakistani (AOPK)		Chinese (CHNE)	
Irish (WIRI)		White & Black African (MWBA)		Bangladeshi (ABAN)		Japanese (OJPN)	
Traveller of Irish Heritage (WIRT)		White & Asian (MWAS)		Any Other Asian Background (AOTH)		Korean (OKOR)	
White European (WEUR)		Any Other Mixed Background (MOTH)		Caribbean (BCRB)		Refused (REFU)	
Gypsy/Roma (WROM)		Indian (AIND)		African (BAFR)		Do not record an ethnic code (NOBT)	
Any Other White Background (WOTW)		Mirpuri Pakistani (AMPK)		Any Other Black Background (BOTH)			

Other information	
What language(s) is/are spoken at home?	
If English is not the main home language, will this be your child's first experience of speaking English?	yes/no
Brothers and sisters – please give name, age and name of school (as appropriate)	
What is the main religion of your family?	
Is there any additional information we need to know in respect of your family's religious beliefs?	
Method of travel to school / nursery (please circle)	Bike train bus walk car coach taxi other

Disability	
Are you, your child, or any of your immediate family members registered as disabled?	yes/no
Please give details of any special requirements eg access and who needs them	
Do you, your child or immediate family members have any other (non-registered) special needs?	yes/no
Please give details of any special requirements eg access and who needs them	

Pupil Premium			
Eligible for Free School Meals	yes / no	Ever 6 (entitled to FSM in last 6 years)	yes/ no
Forces family	yes / no	Looked after child	yes/no

Medical information	
Child's doctor	
Doctors surgery & telephone number	
Please give details of any medical or health needs eg asthma, allergies, special dietary requirements , medical conditions etc	
My child has been diagnosed with Asthma	Yes/no If yes, please ensure an Asthma Care Plan is completed
In the event of an emergency I/we give my/our consent for my/our child to be given medical / first aid treatment and/or be taken to hospital in an emergency when my consent to treatment cannot reasonably be obtained	Signed  Date
(Nursery only) Child's Health visitor	
I give my consent for information to be shared with my health visitor, including the assessment for the 2 year old check.	Signed  Date

Additional Support
If your child has a social worker for any reason, please provide their name and contact details. If your child has a child protection plan, please state this below but do not disclose and specific details about this on this form.
Are you receiving any help or support eg Children's Centre Services, Sure start, Early Intervention, Home Start, TCDC, Stepping Stones, Health Visitor, Speech & Language etc? Please provide details below.